

**CLIENT INFORMATION SHEET**  
Pam Roskelley LCMHC

**150 South 600 East Suite 5B**  
**Salt Lake City, UT. 84102**  
**(801) 486-1113**

Name: \_\_\_\_\_  
Last First M.I.

Home Address \_\_\_\_\_  
Street Address City State Zip Code

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email Address: \_\_\_\_\_

**PRIMARY INSURANCE INFORMATION** (please fill in all information on **insurance holder**)

Employer: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_

SS# of Policy Holder: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth of Policy Holder: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Policy Holder: \_\_\_\_\_  
Last First M.I.

Address of Policy Holder: \_\_\_\_\_

**Policy Holder's** Employer: \_\_\_\_\_

Insurance ID# Policy# Group#